FORM A

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

IN THE UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF IOWA

CID# 3499176	RECEIVED
	SEP 1 2 2018
	CLERK OF DISTRICT COURT SOUTHERN DISTRICT OF IOWA
(Enter above the FULL name and inmate number of the plaintiff or plaintiffs in this action)	

VS.

COMPLAINT

KIN WOLE, WARDEN, W.R.J.A., ET. AL.
DEPARTMENTOF CORRECTIONS FORWA.
COUNTY OF BARRESULLE, W.V.A.
(TO REALMENDED) ET. AL.
STATE OF WEST VIRGINIA
(Enter above the FULL name of each defendant

(**NOTE:** If there is more than one plaintiff, the information in parts I and II should be shown for EACH plaintiff by name, using a separate sheet of paper.

I. Previous Lawsuits:

in this action)

- A. Have you begun other lawsuits in State or Federal Court dealing with the <u>same facts</u> involved in this action or otherwise relating to your imprisonment? Yes () No ()
- B. If your answer to A is Yes, please answer questions 1 thru 7. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same outline.)

		1. Parties to this previous lawsuit Plaintiffs
		Defendants
		2. Court (if Federal Court, name the district; if State Court, name the county)
		3. Docket Number
		4. Name of Judge to whom the case was assigned
		5. Disposition, if known (for example: Was the case dismissed? Was it appealed? Is it still pending?)
		6. Approximate date of filing lawsuit
		7. Approximate date of disposition
П. І	Place	of Present Confinement EASTERN REGIONAL JAIL AUTHOR
	A.	Is there a prisoner grievance procedure in this institution? Yes (V) No ()
	B.	Did you present the facts relating to your complaint in the state prisoner grievance procedure? Yes () No ()
*	C.	If your answer is Yes. 1. What steps did you take? I INFORMED THE ASSIGNED COUNSELOR INTIALLY THEN ITTLED A FORTHE IMPROPER CONDUCT. What was the result? AFTER ALMOST IS FORMAL EXPLINANCES, I RECEIVED -O-RESPONDES, AND WAS IT your answer is No. explain why not
	E.	If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes () No ()
	F.	If your answer is Yes, 1. What steps did you take?
		2. What was the result?

III.	Parties (In ites	m A below, place your name in the first blank and place your present address in the d blank. Do the same for additional plaintiff(s), if any.)
	A.	Name of Plaintiff LARRY E. NEWDERRY
		Address E.R.J.A. 94 GRAPEVINE RD. MARINGBURG, W
	B.	Additional plaintiffs
		N/A
the se	cond bla	low, place the full name of the defendant in the first blank, his official position in ank, and his place of employment in the third blank. Use item D for the names, places of employment of any additional defendants.)
	C.	Defendant KIM WOLF, ET. AL.
		is employed as WARDEN CHIEF ADMINSTRATOR
		at WESTERN REGONIAL TATE AUTHORITY
	D.	Additional defendants WEST VIRGINIA DEPTMENT OF
		CORRECTIONS, BARBERLINE COUNTY, FISCAL.
		ADMINISTATOR, STATE OF WEST VIRGINIA,
		ET.AL.
IV.	U.S.C	iction complaint is brought pursuant to 42 U.S.C. § 1983, and jurisdiction is based on 28 (a. § 1343. Plaintiff(s) allege(s) the defendant(s) acted under color of state law with 1 to the facts stated in part V of this complaint.

∦ V. Statement of Claim

VI.

(state here as briefly as possible the FACTS of your case. You MUST state exactly what each defendant personally did, or failed to do, which resulted in harm to you. Include also the names of other persons involved (for example, other inmates) and state the date and place of all events. Attach an extra sheet if necessary, and write the heading PART V CONTINUED at the top of the sheet. Keep to the facts. Do not give any legal

arguments or cite any cases.)
I (LARRY E NEWBERRY) ARRIVED AT W.R.J.A ON
DOORED 13TH 2017 PRIOR TO THAT DATE I WAS
TOTAGINOSED TO BE LIEPATITS FREE AS OF MY,
LAST PLYSICAL, WHICH WAS ON OR ABOUT 18/5/2017
AFTER MY ARRIVALON THE 13TH I BROUGHT
MY LEGS AND WEARD CONDITIONS TO MEDICAL,
SEE ATTACHED PAGE(S)
(State briefly exactly what you want the Court to do for you. Make no legal arguments. Do not cite cases or statutes.)
IDENTIFY CULPABILITY RESPONIBILITY OF EACH OF THE
NAMED DEFENDANTS HAVING CUSTODY OVER ME, THAT
TORDESTILL OF THE PROPERTY OF THE PROPERTY OF LIGHT

DIRECTLY OR INDIRECTLY EXPOSED ME TO NEPATHUS IS VIKUS, MAGES AGAINST BACH PARTIE FOUND DE NEGLEGABLE FOR MY CAVE

HETOTELL Statement Regarding Assistance in Preparing this Complaint VII.

Did any person other than a named plaintiff in this action assist you in preparing this complaint? Yes (V) No ()

If your answer is Yes name the person who assisted you. B. C.

Signature of person who helped prepare complaint.

VIII. Signature(s) of Plaintiff(s)

Signed the Zhay of (Signature of Plaintiff)

(Signature) VVIIIIAM A

Signatures of additional plaintiff

PART V CONTINUED P9.1

FOR CONSIDERATION TO RECEIVE LEG BRACES, AND A SPECIFIC HEART MEDICATION. AFTER A BRIEF RELEIN PRICED IN LOCK-UP SECREGATION," (KNOWN AS THE HOLE). I WAS ON LOCK-UP SEC" FOR 95 DUE COUTHUALLY. THE SAINHATION CONDITIONS WERE HOROLORY DEPLOPARIE, EECLS, URAN, SPITTALIVIRAL StOGNANT PILLINGTON FOOD ... ETC FLOXING IN ABOUT 2-3 INCHES OF STANDING BASES. (WATER). IFLED 3-4 GREWINDS ... NO PEPY ... IFLED 4-5 GREWANCES TO BE MOURD AS I HAD COMMITTED OR REEN CONVICTED OF ANNIHIPRACTIONS). NO TESTONES. ALL PAINT TECCLEST FOR CLEANING SUPPLIES WERE IGNORED. CORPORAL PLANOUD WAS THE MAIN CHERTLOF MANY REPUBLICADORES MY CLEANING SUPPLYES) PERSUESTIS). LA. ERWING DENIED TO MOVE ME OVER MY HEALTH CONCERNS. I'VE MOVED BYCK TO GENERAL POPULATION SIND LANGE PIACHORD WITH HEATTH B' ACTER BEING SKK (UICLEWIC) FOR A WEEK OR WORKE, OF BEING IGNORED. MY CONDITION WAS SO SELETES THEY WERE FORCED TO TOUBLE HOURE ME IN IMEDICAL, AND WHEN IS COMPLAINED ABOUTHE LACK TORNIAL OF ATBOLIATE TREBUMENT, AND STATED TO SPECKLUMI IM ATTORNES I WAS IMMEDIATED ACCESS, AND IN THE HOLE WITH NO LEGAL OR MEDICAL CONDICTS IFILED MOORE GREINANCES) TO WARDEN KIN WOLF AND COUNTROIT PAILIPS, AND D. COCHRANTKC. WHA 3-PERFORCES DURING THE FOLLOWING ZMOWINS. TREATENED TO CONTACT THE NEWS MEDIA LINDTHE SOUTHWOLDE WEST UTCHING AND ONE DAY LATER SETER LEXENING MY OUTGOING MALLUNG BEING

MERCEPHED AND NOODELLUSEED, I WE TRANSFERED
REJECTO MY TRANSFER. THE DOC. DURING ITS
IN MALTURE CUER ADMINISTRATION TRANSMICH. THIS
ENTIRE WRITE STAFF AND APMINISTRATION WERE
REPLACED (FIRED/TERMINATION) AS A RESULT OF
THE DOC'S DETERMINATION OF THE MEANITARY
INTERCEPT OF THE PROTECTION OF THE PROTECTION
(CITING GLIOTE" DATE IS HAVE CONTENDED THE
HEALTH OF THIS DATE IS HAVE CONTENDED THE
HEALTH BY VIRUS AND REMAIN INFECTED
TOR LIFE.

RESPECTFULLY SUBMITTED,

ARK E. NEWBERR #3499 16

SEPTEMBER 2º 2018

TXTT

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E.R.J.A. 94 GRAPEVINE RD. MARTINSIRIRG, W 25401





CLERK-- U.S. DISTRICI COURT P.O. Box 9344 DES MOINES, IA 50306-9344

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